

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF JOSEPH Q. MIRARCHI	COURT CASE NUMBER 06-43
DEFENDANT WEAVER ENTERPRISES, INC.	TYPE OF PROCESS Writ of Execution/Attachment

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT Weaver Enterprises, Inc.
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 400 W. Basin Road, New Castle, DE 19720

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
Jonathan Wheeler, Esquire 1617 JFK Blvd., Suite 1270 Philadelphia, PA 19103	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service:*)

Fold _____ Fold _____

This is a business a/k/a the "Tile Center"
 Phone Number is 302-322-5471
 The company is owned by James Weaver and its FEIN Number is 51-0307030

Signature of Attorney other Originator requesting service on behalf of: <i>Jamie Hines</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER 215-568-2900	DATE 4/20/06
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

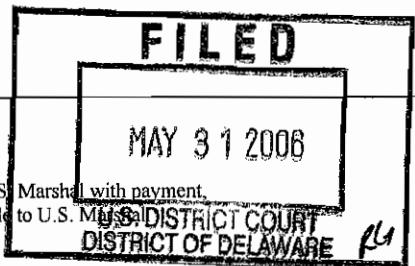
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>NATHALIE HINES</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date <i>5/30/06</i>	Time <i>14:45</i>	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <i>[Signature]</i>			

Service Fee <i>4500</i>	Total Mileage Charges including <i>and favors</i> <i>445</i>	Forwarding Fee	Total Charges <i>49.45</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$0.00</i>
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REMARKS:



PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment.
If any amount is owed. Please remit promptly payable to U.S. Marshals
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED